

09/914088

**ISSUE SLIP STAPLE AREA (for additional cross-references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		b	10-15-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
= (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
50	1	51	17	101	
51	2	52		102	
52		53		103	
53		54		104	
54		55		105	
55		56		106	
56		57		107	
57		58		108	
58		59		109	
59		60		110	
60		61		111	
61		62		112	
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65		66		116	
66		67		117	
67		68		118	
68		69		119	
69	70			120	
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		84		134	
		85		135	
		86		136	
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		92		142	
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		97		147	
		98		148	
		99		149	
		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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